

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Title::	METHODS FOR VISUALIZING AND TREATING INTERVERTEBRAL DISCS
Attorney Docket Number::	S-16
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	DAVID
Middle Name::	C.
Family Name::	HOVDA
Name Suffix::	
City of Residence::	MOUNTAIN VIEW
Country of Residence::	UNITED STATES
Street of mailing address::	1900 MIRAMONTE AVENUE
City of mailing address::	MOUNTAIN VIEW
State or Province of mailing address::	CALIFORNIA
Country of mailing address::	UNITED STATES
Postal or Zip Code of mailing address::	94040

Correspondence Information

Correspondence Customer Number:: 021394
Name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94085-3523
Phone number:: (408) 736-0224
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Representative Information

Representative Customer Number:: 021394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/433,250	12/13/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94085-3523